



# Veterans Affairs Review

Perspective on policy and budget.

Written and produced by House Committee on Veterans' Affairs Chairman,

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## *By increasing accountability, veterans have a better budget*

On February 8, the House Committee on Veterans' Affairs heard testimony on the Administration's fiscal year 2007 VA budget request from Secretary of Veterans Affairs Jim Nicholson. Representatives of veterans' groups which develop the Independent Budget, as well as the American Legion and Vietnam Veterans of America, also testified.

On February 15 and 16, we heard the legislative proposals of veterans' and military service organizations (VSOs and MSOs). These hearings used to occur in the spring, *after* we had already submitted our budget proposal. The counsel we received from 19 VSOs and MSOs in these hearings *before* formulation of our FY 2007 Views and Estimates to the Budget Committee is invaluable.

These groups will be invited to return in September to review the past fiscal year and discuss legislative priorities for the year ahead. This "look back, look ahead" approach will be constructive, as the Administration is developing its budget proposal for the next fiscal year.

The President's request is a good start. Yet, the committee has some concerns, also voiced by those who testified.

Among the concerns, VA's projections of nearly \$3 billion in collections from third-party health care insurers appear overly optimistic. We would rather forecast collections based on VA's actual track record.

The Administration again proposed that veterans in priority groups 7 and 8 pay a \$250 annual enrollment fee and higher drug co-payments. These veterans neither have service-connected disabilities, special disabilities such as blindness or paralysis, nor are they indigent. While the Committee understands the rationale to use these proper health care utilization management tools to improve the delivery of services, a majority of the Committee does not support these proposals.

As we develop the budget, the Committee will continue to focus on the top three priorities:

- Caring for veterans who have service-connected disabilities, those with special needs, and the indigent.
- Providing veterans every opportunity to live full, healthy lives.
- Ensuring a seamless transition from military service to the VA.

The 2007 Independent Budget itself stated that, among all veterans eligible for VA care, "caring for veterans with service-connected disabilities is a core commitment for VA."

*Caring for veterans who have service-connected disabilities, those with special needs, and the indigent.*

As we work to preserve quality and increase access, we will also ensure that VA's research programs are well funded. Because the burdens of service include wounds that are mental, as well as physical, we will ensure that mental health care is not relegated behind other forms of care.

Funding should ensure that VA's existing facilities are well maintained. In planning new health care facilities, we must consider the possibilities offered by collaboration with other entities, such as medical teaching universities, while retaining a veteran "identity." We must also consider the potential advantages of providing long-term care in non-institutional settings.

*Providing veterans every opportunity to live full, healthy lives.*

Caring for America's veterans includes timely and accurate decisions on compensation and other benefits claims. I am proposing additional hiring as part of the answer to reduce the growing claims backlog — which now tops 800,000, including loan guarantees and education claims.

VBA's claims processing staff must be well trained and we should explore how state-of-the-art information technologies may improve the adjudication process. We must work closely with veterans affairs partners at state, county and municipal levels. Veterans calling for help must be able to get accurate information.

*Ensuring a seamless transition from military service to the VA.*

Veterans entering the VA system from the military should not have to cope with the inefficient process of moving from the military into the VA system. DoD and VA must develop interoperable electronic health records that can follow a servicemember into the VA. Separation physicals must fully support both DoD separation *and* VA claims processing requirements.

To help veterans take advantage of the opportunities offered by the nation they defended, we must modernize the Montgomery GI Bill. The GI Bill does not reflect the realities facing today's servicemembers, especially those in the Guard and Reserves, most of whom, unlike their active-duty counterparts, lose their benefits when they separate from the service.

As we develop the budget for FY 2007 and seek ways to better serve veterans who depend on the VA system, we must ask difficult questions, question the old assumptions, and assume we can do better. America's veterans deserve our best.